

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 305-3433

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8	3						58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15	3						65					
16	3						66					
17	3						67					
18	3						68					
19	1						69					
20	1						70					
21	11		11				71					
22	11		11				72					
23	11		11				73					
24	11		11				74					
25	11		11				75					
26	11		11				76					
27	11		11				77					
28	11		11				78					
29	11		11				79					
30	11		11				80					
31	11		11				81					
32	11		11				82					
33	11		11				83					
34	11		11				84					
35	11		11				85					
36	11		11				86					
37	11		11				87					
38	11		11				88					
39	11		11				89					
40	11		11				90					
41	1		1				91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					